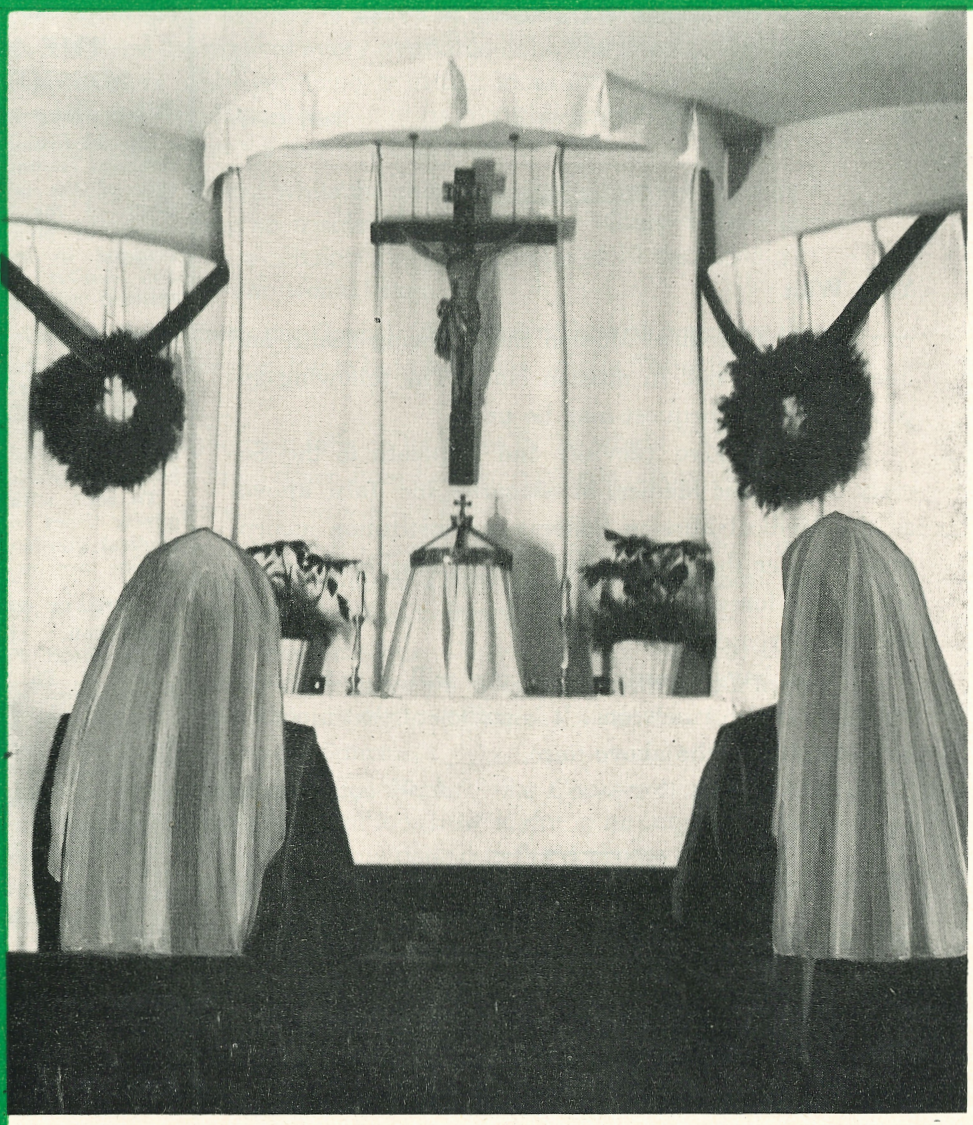
THE MEDICAL MISSIONARY



November-December 1948

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Your Will:

can help the Medical Mission Sisters bring health and healing to the sick in mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries Inc. (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland and its successors forever the sum of $ ..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Cover This Month:

Shows the Chapel of St. Therese's Novitiate, 8403 Pine Road, decorated for the Christmas season. This was formerly the library of the historic "Ury House," believed by many to be the oldest house in Pennsylvania. The original foundation was an old Swedish blockhouse, erected in 1645. George Washington, Thomas Jefferson, John Adams, John Audubon, Henry Clay and other famous figures of colonial days visited here.

THE MEDICAL MISSIONARY

8400 Pine Road

Sister M. Christine, S.C.M.M., Editor

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THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

To cope with the numerous requests from mission bishops for medical mission centers, many vocations are needed.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.
Postulate; Osterley, Middx. England
Heerlen, Holland

Missions

PAKISTAN
Holy Family Hospital—Rawalpindi
Holy Family Hospital—Karachi
Holy Family Hospital—Mymensingh

INDIA
Holy Family Hospital—Patna
Holy Family Hospital—Mandar

INDONESIA
Maternity Clinic, Stella Maris Hospital, Makassar, Celebes

AFRICA
Holy Family Dispensary—Berekum, Gold Coast

UNITED STATES
Catholic Maternity Institute
Santa Fe, New Mexico
The Catholic Colored Clinic
Atlanta, Georgia

Christmas Joy

Midnight Mass! What sentiments of joy the word evokes! And why? It is an experience hard to analyze, it is so deep, reaching into every part of our being. What constitutes this joy? Midnight Mass is not the time to ask the question—it is the time to allow Joy full play. But perhaps a thoughtful delving into reasons in anticipation may intensify the Christmas joy by increased awareness, receptiveness and appreciation. To do so, let us go to Midnight Mass **in spirit.** Where? Anywhere in a Catholic Church. It does not make any essential difference. The night is clear. Myriads of stars are on duty, twinkling and shining this hallowed night. Mother Church does not forget the legitimate needs of the senses of men. All the good and beautiful things of creation she draws on to rejoice her children. The atmosphere is festive—flowers and evergreens or garlands and banners and the glow of every available light. The linen on the altar has a shining freshness and everything is in readiness for the pivotal event, the coming of Christ in the Holy Mass—not as a visible Infant, but, although hidden under a mystery, none the less real and true.

The priest begins the drama, while the choir, in a spirited way, breaks forth into pleas of mercy and very soon solemnly announces: "Glory to God and peace to men of good will," re-echoing the angel choirs of 19 centuries ago, summoning, now as then, all who would listen.

Then the priest reads from the Gospel "the good tidings of great joy that shall be to all the people, for this day is born a Savior, who is Christ the Lord." (Luke 2:10-12).

At the Creed, the congregation falls on its knees at the words, "Who for us men and for our salvation came down from heaven and was incarnate by the Holy Ghost of the Virgin Mary, and was made Man."

After these tremendous truths of the Creed, what more meaningful words could the Church have put into our mouths and hearts at the Offertory than, "Let the heavens rejoice and let the earth be glad before the face of the Lord."

Amid our reflections the Mass proceeds. Curly clouds of incense rise to heaven as a symbol of prayer. At the Preface we give thanks with all our hearts for the "Word made flesh" and with emphatic reverence we join the choir in the hymn of glory—"Sanctus, Sanctus, Sanctus."

At the climax—**"Stille Nacht, heilige Nacht"**—the Consecration, Christ is made present. Bethlehem seems present too. How joyful to be among the few shepherd adorers when alas, so many are asleep in the darkness of ignorance and indifference. How naturally and how fervently will we say at the Pater Noster, "Thy Kingdom come."

And with what joy will we go up to the Eucharistic table to receive the God-made-Man. We receive Him not into our arms as did perhaps the rustic visitors in the cave, but into our very hearts, with his divine life and strength.

Then the "Ite Missa est." Go now, filled and strengthened with the joy of Christ. This joy of the Christian is not something artificial; it is deeply anchored in the unshakable faith in a personal God of love, in the truths and means of salvation and the certainty of life after death. Let it shine forth in your countenance, in your words and deeds, radiate joy on your pilgrim way, radiate your faith and hope and love in a God whose benignity and kindness has appeared among men to prepare us for the joy of His vision face to face forever in heaven.

A. D.

Medical Mission Problems and Tasks

By Karl Marie Bosslet, O. P.

(J. W. Naumann, Augsburg, 1947)

Reviewed by Mother Anna Dengel

The stately volume of 362 pages is the first of a series entitled "Occident and World Mission" to be published under the joint auspices of the Papal mission societies of Germany.

A new book on Catholic Medical Missions is an event, such is the paucity of literature on the subject up to now. As all previous publications from the Würzburg Medical Mission Institute, it is learned, scientific, objective, and with it all, not heavy. It is permeated from the first page to the last with living Catholic principles. It is inspiring and of real value, setting up standards.

The book deals in four chapters with the practical aspect of the life and work of the members of the Würzburg Medical Mission Institute at home and abroad; with scientific research in the service of the mission doctor; with medical research and finally the aims and ideals of the formation and education of the mission doctor, and present existing facilities for the purpose.

In this issue, only the first point will be touched. In the Introduction, the Bishop of Würzburg alludes to the fatal March 16, 1945 when 72 per cent of Würzburg was laid waste in a few minutes. "Through the preservation of our Mission Institutes," (that of Mariannhill and of the Medical Mission) he says, "It seems we have received anew our apostolic mission for our movement." The Bishop pays tribute to the medical, linguistic and theological teaching combined with the moral and spiritual ideals given to members of the Institute. He exhorts the celebration of the silver jubilee of the Institute (in 1947) in a simple, but grateful and trustful way: "Medical Mission work increases the Kingdom of Christ; it is a kind of priestly task and serves the salvation of humanity from misery and pain."

The first chapter of the book gives the history of the Würzburg Medical Mission Institute. As it is the only one of its kind, and knowing that there is much interest in the lay mission apostolate now, especially the medical mission phase of it, we give as much as space permits. The medical profession, by its very nature, if Christianized, has a compelling force to arouse compassion for the multitudes suffering without hope. Therefore, it is not surprising that among the lay mission apostolates, the medical missions are leading.

HISTORY OF THE MEDICAL MISSION INSTITUTE OF WÜRZBURG

Although the vocation of the mission doctor has only taken definite shape and form in modern times, it can be traced back to the deacons of the ancient Church and further back to the 72 disciples whom Christ sent out with the command to announce the Gospel and to heal the sick. Also in later mission history we come to the same idea, so to say, to render Christ present and to embody Him through practical medical charity in order to give those who do not know Him the example, in order to lead them to Him for their temporal and eternal salvation. Wherever the joyful tidings of the Gospel were announced, they were accompanied from the beginning by a grandiose charity for the sick. Whether it was by Benedictine Monk doctors in the woods of Germany in the early Middle Ages; or the first Franciscans who went to Asia or the learned Jesuits who discovered the cinchona bark in America, it was always the charity for the sick which did the pioneer work.

Missionaries confronted everywhere with unrelieved bodily suffering desired to meet it effectively with real professional help. But they realized that the necessary requirements for the vocation of the priest-missionary and the mission-doctor cannot be fulfilled by one man. This led to the call of special doctors as helpers in mission work. It is not a question of a doctor in the mis-

sion; that is, just any medical helper, but a "mission doctor." It is a question of a doctor who feels himself called to exercise his profession as one of the most effective means for the extension of the kingdom of Christ. Through faith in his calling and through selfless dedication to it, through the joyful acceptance of a life full of sacrifice and mortification, the activity of the mission doctor is raised to the dignity of the apostolate, entirely according to the example of the Apostle of the Gentiles, who became all to all. Pius XI expresses this thought in his encyclical, "Rerum Ecclesiae," with the following words:

> "The herald of the Gospel should remember to come before the natives like the Divine Master on earth; before He taught the multitudes, He healed all the sick (Mt. 8-16). Here we want to mention that the missionaries who preach to the natives about God may well understand that just in these things the hearts of men will more easily be touched; everyone who contributes to the public welfare and heals the sick and all who are kind to the little ones, win for themselves the good will and love of the people."

This example of Christ is the ideal of the mission doctor. Compassion for the sick, love of souls, the rendering of unselfish medical care, these characterize the vocation of the mission doctor.

The problem of professional medical workers in the missions was already considered here and there before the first World War, but only in 1920 did the students of the University of Munich give the first impetus to a practical solution by writing to the Association of the Superiors of German Mission Orders. The first meeting of missionaries and mission superiors with the leader of the Munich group was held in Würzburg in 1920. In 1921 a Catholic Auxiliary for medical missions was founded. In a meeting in the Julius Hospital, October 18-19, 1922, at which were present delegates of all the Papal mission organizations, of the Mission Superiors Conference, of the University, of the city and the hospital authorities and editors of the main mission journals and the newly founded mission auxiliary, the plan of an institute for medical missions in Würzburg took definite shape. On December 3, 1922 the foundation of the first and until now, the only lay Medical Mission Institute of the Catholic world became a reality. Msgr. C. Becker, S. D. S., former Prefect-Apostolic to Assam, India, was the provisional director.

The Constitutions state the purpose of the Institute as follows:

> "The Medical Mission Institute of Würzburg, according to Canon Law is an association of lay people whose aim and purpose are the professional training and missionary preparation of Catholic doctors, men and women, as well as students of medicine, men and women, in order to send them to mission countries in the sense and command of Our Lord Who sent His disciples with the words: 'Heal the sick who are there and announce that the Kingdom of God has come nigh.' (Luke 10-9). The great vocation shall be to the members a means for the salvation of their souls and greater growth in the love of God."

After due spiritual and technical preparation, the students take an oath as follows:

> "I, N. N., hereby take an oath to devote myself after the completion of my medical studies, at least for ten years as mission doctor in the service of foreign missions and to put my strength and knowledge into the service of the extension of the Kingdom of Christ on earth in view of the noble purpose and the reward of My Lord and Master according to the statutes of our Institute."

The meaning of the oath, besides the dedication to the cause of God consists in this:

> "That it chooses and gathers those who are really called for this high vocation. That it signifies a strengthening and definite aim of the will not to be deterred through any moods or influences; that it gives their lives a definite aim and that it produces the unalterable resolution

(Continued on Page 90))

HOPE FOR LEPERS

From the earliest dawn of civilization, leprosy has been a disease looked upon with such horror that its victim is an outcast. The cry of "Unclean, unclean" drove all away from him. Minute instructions for the detection of leprosy are found in the Mosaic law. It was known in India 1500 years before Christ. Soldiers of Alexander the Great brought the disease to Europe in the Third Century, B. C. It spread through Europe, especially after the Crusades. The Church even had a ceremony for the dismissal of the leper from society, resembling the funeral service, for the disease was called "the living death."

Science has made great strides in the conquest of leprosy. Chaulmoogra oil, or hydnocarpic acid were standard treatment until recently. These oils were not completely satisfactory, but they were the nearest approach to a cure that medicine could offer until the advent of the sulphone drugs, promin, diasone and sulphetrone, which have been used with great success lately.

In contrast to the callous and inhuman treatment of the lepers in pagan countries is the program carried on in Mexico, as described in the August, 1948 issue of "Medical Women's Journal" by Dr. Esperanza Oteo de Hoogh: *

Here the stress is on the treatment of the whole man. Due consideration is made not only of the danger to society, but also of the moral and psychological danger to the patient once his condition becomes known. Particular care is taken to safeguard the patient during the period when the disease is only suspected, but not conclusively proven. Since leprosy is of two kinds: the malignant, infectious type and the benign, non-infectious type, correct diagnosis is important. If of the first type, the patient must be segregated for public safety. If of the second, it is important to observe strict secrecy concerning the case, since the patient is not a danger to society, but would incur all the penalties of ostracism and economic insecurity. He is allowed to continue his usual mode of life while undergoing treatment.

From the first visit of the patient to the leper dispensary, he is treated as a human being, not as a case or a number. Everything is done to make him feel at ease and not like a criminal in the hands of the law. A personal interest is taken in him, his problems, his family background and his economic situation. When sent to the hospital for tests he is accompanied by an attendant to show him the way. If his leprosy is proven to be of the infectious type, he is encouraged and advised to go to a leper colony, but not forced. Force in this matter would only result in patients hiding themselves and thus spreading the disease. If his circumstances permit, he may set up isolation in his home. When a patient is unaware of his condition, great tact and discretion are used to lessen the shock such knowledge brings. The source of infection is sought out, as also possible cases of collateral or consequent leprosy. Always the patient is treated as a human being unwittingly the victim of a terrible disease.

How different the picture in India! Of the million or more lepers, only a few are segregated. The rest roam at will, forced to beg in the streets for their livelihood. With the predisposing factors of low-resistance, crowded housing conditions, and inadequate enforcement of isolation measures, the disease has ample opportunity to spread. The Medical Mission Sisters hope to undertake leprosaria in the future. At the present, they can treat only those who present themselves at their dispensaries.

Adapted from the "Medical Women's Journal," Vol. 55, No. 8, pp. 15-25 with kind permission.

And there were shepherds in the same district living in the fields, and keeping watch over their flock by night. (Luke 2-8)

At the Crib

Every year when the days grow short and the nights are long we celebrate the mystery of the Nativity of Christ. And each year as we grow older we approach this mystery from a different standpoint. The actualities during 365 days may change aspect, but two essentials remain when we meditate on this mystery. The spotlight falls always on the Child in the Crib, and we have to become children, if we wish to understand this mystery.

And she brought forth her first-born Son, and wrapped Him in swaddling clothes, and laid him in a manger.

It was a very particular crib which captivated my mind on December 25, 1947. This crib, which belongs to the Medical Mission Sisters, is a masterpiece of art and devotion. It came from the Tyrol, Mother Dengel's native country. Carved by a young crippled artist who died at the premature age of 25 as a son of St. Francis, the great lover of the crib, it is a prayer translated into wood.

There is the Virgin-Mother and the Infant, the Cause of Our Joy, here are the Angels who bring glad tidings to a world in darkness. The shepherds in the fields were probably modeled from every day life in the Tyrol. With delightful naturalness and simplicity they manifest their surprise, fear and consternation at the events taking place. In the distance shepherds in caves are dazzled by the light streaming from the crib. On the other side the Bethlehemites are attracted by the unusual light and leave their little town with their mules. The feminine element is not missing and is humorously interpreted by the artist by three women at the well busily discussing the mysterious rumor.

Each figure is a work of art in itself and fits in the whole so as to make it a carved hymn of glory to the new-born Infant. For a moment He has laid aside His Majesty. "The benignity and humanity of the Savior" has appeared. Kindness, simplicity and devotedness are the three gifts which His generosity bestows on the Medical Missionaries, whose work is born at the Crib, their crib, because it was made with love, given with love and treasures Eternal Love. M. R.

The shepherds were saying to one another, "Let us go over to Bethlehem and see this that has come to pass, which the Lord has made known to us." (Luke 2-15)

Christmas in

RAWALPINDI

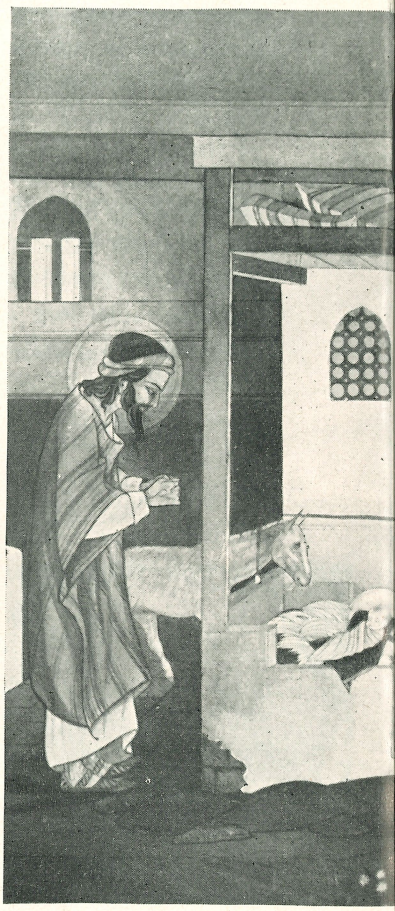
My first Christmas in India was perfectly wonderful. There was the usual atmosphere of expectation on Christmas Eve, and we had heaps of fun decorating the hospital. An added attraction was the making of candy, in which the Indian Sisters particularly excel.

The Midnight Mass at the parish church was beautiful. The weather was very cold—which actually helped "make" the Christmas spirit. Before Mass, the Pastor carried the Little Infant on a silk pillow down the aisle and laid Him in the manger. The Sisters sang the High Mass, and the hymns in Urdu, English and German during the two low Masses which followed. Indian Catholics are really very devout. It is inspiring to see so many communions. The women sit apart from the men in the Church, and the little children run up and down the aisles. Actually there are very few pews as such. The majority of the congregation use the kneelers for both sitting and kneeling. Streamers of gaily colored crepe paper hung from the rafters and walls. Pink and gold silk curtains draped the sacristy doors. The chapel was literally filled with poinsettias. They grow on bushes in our garden and are quite common here.

When we entered the refectory afterwards, we found it beautifully decorated and best of all, a glowing log in the fire place. That touch of warmth really "hit the spot"! In a few minutes, who should arrive, but Santa Claus! He distributed presents to the nurses, then to the native Sisters and finally to our own. Santa visited most of the patients during the morning, and enjoyed his rounds almost more than the sick.

Christmas dinner was superbly served. The pudding was lit and burned with a blue flame, surrounded by four red candles. The lights went out, and the effect was enchanting. Inside the famous pudding were discovered real pieces of money—four anna, two anna and eight anna bits, donated by the cook. He was very proud to be able to provide such a well-prepared meal. In the morning he gave us his gift, a little artificial plant.

Sister M. Clare

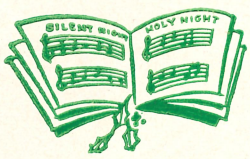


IN A REFUGEE CAMP

You find a reminder of Christmas in the most surprising places. Last year, on January 1, three of us went to Wah Camp to do what we could for the refugees there. When I entered one of the barracks, there was a tableau of the "Nativity" before me. I found a young woman in the corner on straw behind an old cloth curtain hiding herself from the outside world. There she was, happily playing with her small son, two days old. The child had few baby clothes, and I was glad to supply a little shirt and bonnet for him. By the time "St. Joseph" (her husband) came back to see what was going on in the "manger," the infant was really warm and comfortable. They were both very grateful for the clothes. Again it is just one of those instances when you feel privileged to help the poor.

Sister M. Bernadette

the Missions



MANDAR

No doubt you would like to know how we spent our first Christmas in Mandar. This was one Christmas I think I had the privilege of being very near to Bethlehem. We had Midnight Mass in our own little chapel, which has room for five people providing the five are not too big. There was nothing in the Chapel to remind us of Christmas—no green, no crib, but we shared in a very real way the poverty of the Infant. After our Mass we went over to the Parish Church for a second Mass which was held out in the open because of the crowd. It was something to witness: the cold, clear night, stars by the millions, natives by the hundreds squatting on the cold earth. Almost everyone present went to Holy Communion. The Infant Jesus must have been very pleased with the simple faith of these aboriginal people.

Sister M. Xavier

PATNA

'Twas the night after Christmas in Patna, where the stage was set for another birthday. This time, not the shepherds, but two Medical Sisters were called to visit one about to be born. Riding in a rickshaw, the Sisters followed their guide, a Mohammedan gentleman, to his home. What had once been a mansion was now a crumbling mass of ruins. At that hour, the large house encircling an inner courtyard seemed more like a house of death than a house of life.

Without a light, the guide led them through the outer rooms to the open court. He called, and from the other side of the house came an elderly woman carrying a lantern, who led the doctor and her companion to the women's quarters—two dark and airless rooms.

The patient, a beautiful young girl was lying on a string bed. Her mother squatted at her head, and a dai perched beside her. The only light was that provided by the lantern. It was under these conditions that a little Mohammedan baby would come into the world some hours hence.

If a girl, all her life bare walls would enclose her. Her only glimpse of the world would be the bit of sky seen from the courtyard, and the bare earth and weeds underfoot. Occasionally she might be taken out in a heavily draped conveyance for a view of the world outside. She would live with her mother, her sisters, her mother-in-law and her sisters-in-law and their children. Her father, brothers and finally her husband would come and go. Her only interest in life would be the children she would be expected to bear.

If a boy, he would be more fortunate. The freedom, the light, the knowledge of the world would be open to him. The pet of his mother and the pride of his father, he would be educated to take his place in affairs.

But even all this is supposing that the little one could survive the first hours of life in this room, where in every corner lurked the germs of disease.

Thus was spent the night after Christmas, a Medical Missionary's first Christmas in India.

Sister M. Adelaide

REVIEW *(from Page 85)*

to avoid everything that would be an obstacle in its fulfillment."

On December 23, 1922, the present Holy Father, then Archbishop Pacelli and Apostolic Nuncio in Munich, sent his blessing to Msgr. C. Becker.

By December 30, the first five members had taken up residence in the extremely simple home.

In spite of the unfavorable times, the Institute developed so well that Monsignor Becker could think of erecting a suitable building. At its solemn blessing on December 3, 1928, Prince Lowenstein said, "The realization of the great value of special mission doctors for cooperation in foreign missions has only slowly awakened in Catholic circles." A further step in the development of the Medical Mission Institute was the foundation of a special home for women mission doctors on August 5, 1930.

As Monsignor Becker's health was poor, he had accepted the directorship only with the idea that he could hand it over to younger hands after the initial difficulties were overcome. However, he remained at the helm until he had a stroke during the night of October 16, 1935. His place was taken by Reverend Father Karl Bosslet, O. P., who had been a missionary in China for 13 years. Monsignor Becker died March 31, 1937. In his last will and testament Monsignor Becker left everything to the Medical Mission Institute. He wrote:

"May Our Lord protect His work, and may it bring ever greater and greater fruit for the Church and the salvation of souls. The members of the Medical Mission Institute will fulfill the expectations of the Catholic world in this great undertaking only if they will be united as true lay apostles in the spirit of the Institute, according to the Constitutions."

The outbreak of the war on August 31, 1939 brought the development of the Institute almost to a standstill. The constant restrictions in Germany and also the tensions in mission countries forced many mission bishops to delay the establishment of medical missions. The last doctors were sent out May and June, 1939. During the war no new doctors could be sent out. With the beginning of the war, the University of Würzburg was closed and the Medical Mission Institute was commandeered as a lazaretto. After the reopening of the University it was possible to resume the work of the Institute in the home of the women students and continue there under great difficulties and in a simple form until March 16, 1945. Although the Medical Mission Institute suffered much by being a lazaretto, it became much worse when a barracks was made of it on September 1, 1943. In 1945 it became again the surgical division of the Julius Hospital, which it is up to date.

During the 25 years of its existence, the Institute has sent out 43 men and women doctors to China, Africa, South Sea Islands, the Near East, Brazil and other mission countries. One man and one woman doctor died in the missions and three doctors after their return home. At present 20 members of the Institute work in the missions, while 64 men and 37 women doctors, forced by circumstances, devote themselves to the sick in their own countries, in the spirit of lay apostles. At present there are 10 men and 15 women students preparing themselves for the missions. Since the war over one thousand have applied. In the whole 25 years, 160 members pledged themselves by oath to mission work.

On the silver jubilee of the Medical Mission Institute, it can be said that medical missions have proved such an important, useful and actually necessary means for the strengthening and developing of the missions, and that the mission doctor is acclaimed by all as a long desired helper and friend, as a co-apostle in Christ. Medical missions have become a decisive mission factor, and it is unthinkable to be without them today or in the future. The medical mission movement cannot be held back in its triumphal march.

(To Be Continued)

Gold Coast News

"Cook's Day Off" has been the theme on many a funny story and play. But when it runs for five weeks, and still no cook, the humor is worn thin.

When Bishop Paulissen went on leave, he willed us his cook, Kwami, a boy whom he had trained for several years. Everything went well at first. Kwami did the cooking, and we got a cook's mate, as is the custom here. The mate makes the wood fire, carries water, and in the course of time is supposed to learn cooking. Kwabena was our cook's mate, about 14 years old, and straight from the "bush," unlettered and unspoiled.

Kwami told us that aside from being an episcopal cook, he was also of royal blood. His villagers had offered to make him king, but he preferred to cook for the Sisters. However, despite such a grand beginning, he soon lost interest in his work. His decision to leave us coincided with our decision that we could do without him.

Kwabena, the cook's mate suddenly found himself promoted to the post of cook. He was supposed to have been learning English along with cooking, but Sister soon found out that his knowledge of English was about as meager as his knowledge of cooking. His smile and cheerful "Yassuh Sista" to whatever you say is deceiving. We were to have chicken for Sunday dinner. Did Kwabena know how to kill and clean a chicken? The question was accompanied with such motions as drawing a finger across the throat and plucking invisible feathers.

"Yassuh Sista."

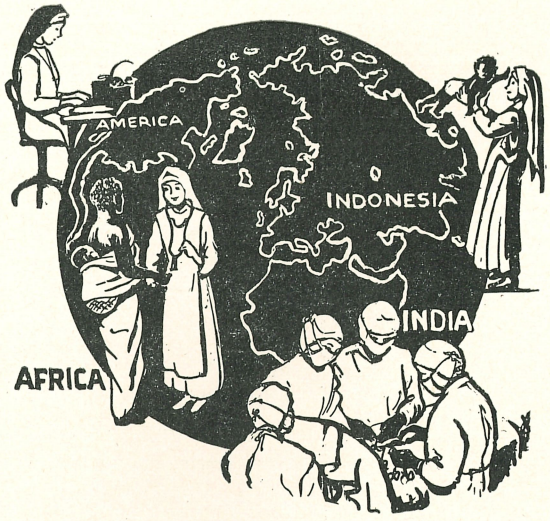
The next day, Sister looked into the kitchen. The bird was killed, and not only defeathered, but de-winged as well. Sister rescued the wings from an ignoble fate. Inspection showed that the interior of the chicken had been undisturbed. After Sister finished cleaning the chicken, cutting it up and frying it, Kwabena exclaimed with delight, "Aiya, Sista, you Kuku!" Now that is not as uncomplimentary as it sounds. "Kuku" means "cook" in Ashanti.

Friday is Mothers' Day at the dispensary. It is getting to be the favorite day of the week both for the patients and the Sisters. The pagan custom is to stay away from the farms on Friday. It is not so much a day of rest for the people as for the earth. This means that the women are free on Friday to come, and they are most anxious for care. The noon meal was taken on the run, because of the large number of patients, including two emergencies. About 4 p.m. word came that one of the Fathers at the mission was sick. Sister went up to care for him, and returned about 6 p.m. Just as the Sisters started for the convent to have supper, another taxi drove up. One Sister went to this case. It was a Berekum man in need of surgery. Sister went with the family to telephone the Kumasi hospital. The little old taxi stalled on the way, so Sister walked the rest of the way to the post office, which also has a telephone. Then someone went across town to get the postmaster to open up the office. Just as Sister returned from making the call, another taxi drove up with another emergency case. Holy Family Dispensary is giving the five taxis of Berekum lively trade.

These people do not know the difference between hospital and dispensary. When they are very sick, they just come, and somehow it always seems to be around 3 a.m.

Sisters Margaret Mary, Raphael and Paula

AT HOME AND ABROAD



Philadelphia

Visitors at the Motherhouse have been: His excellency, Bishop W. Bouter, from Nellore, India, and Father Martin Brodhead, T. O. R. from the Santal regions near Patna. Both of these missionaries related some of their experiences, stressing the important role that medical work has in the missions of India.

The Marymount Mission Conference, held at Marymount College, Tarrytown, had for its theme "The world for Christ Our King through the Sacred Heart of Mary." It is part of the celebration of the first centenary of the Religious of the Sacred Heart of Mary. Sister M. Christine and Sister M. Samuel represented the Medical Mission Sisters.

First News from Sisters Benedict and David

St. Joseph's Home
Calcutta, India.

After leaving Imstenrade, we had quite an eventful trip. We took the train to Utrecht, where we spent the night with our Dutch Sisters, and then went by taxi to Schiphol Airport in Amsterdam on Monday morning. That afternoon and evening we spent in Rome, visiting St. Peter's, St. John Lateran, St. Mary Major and St. Paul's, passing the Colosseum on the way.

The next morning we set out for Cairo. When we neared the city, the steward came through telling us that the customs there was very strict and to take as little as possible. To avoid trouble, we took nothing. As you know, Egypt and Irag are at war, and there is martial law in the city. We stayed at a beautiful hotel, the Heliopolis Palace. As we were to leave the next morning, we feared that we might not get to see the pyramids, so we went with five other passengers to see them in the evening.

At 4:15 a.m., we were awakened, given breakfast, and then told that on account of the bad sand storm in Basra, Iraq, we would be detained for 24 hours. We all spent the day visiting the sights of Cairo.

Since we were 24 hours late at Karachi there was no one to meet us. We found our way to the hospital by ourselves. The Sisters were very surprised to see us at 3:30 a.m. We had a grand visit with them from Friday until Tuesday evening.

We arrived at Calcutta on Wednesday, and spent most of the day getting train tickets to Patna and Mymensingh. But we did find time to see the beautiful Queen Victoria Memorial with its formal garden and lagoon. It is very striking that the second day in India, the streets and people do not seem as poor, as confused nor as ill-kept as on the first day. An Indian street scene cannot possibly be imagined.

The difference between Calcutta and Karachi is very striking. In Karachi, you see many, many women in burkhas; in Calcutta, you see none. In Calcutta there are endless cattle loose on the street while in Karachi,

there are only a few. It is quite apparent that one is Mohammedan and the other Hindu.

Sisters M. Benedict and David

PATNA

Holy Family Hospital
Patna City, India

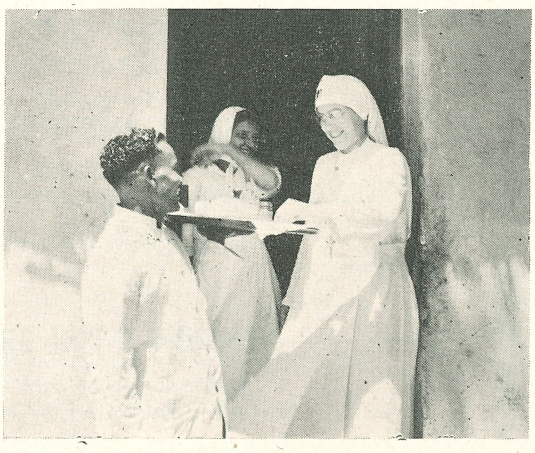
Patna and vicinity have been in the grip of a nasty cholera epidemic again. The town has been treated fairly extensively with cholera inoculations (we take them twice a year here) but the outlying districts are largely neglected. The municipality pushes it off on the provincial board, and the provincial health inspector has too much on his hands to bother about little villages like Fatehpur and Begumpur, who are built right on to Patna and really have no organization of their own. The suburbs are often the worst off.

On top of this, these poor suburbs, which are nothing but marsh land dotted with tiny farms, are at present practically submerged in water. The monsoon has started in earnest at last, and we have had as much as 48 hours of practically continuous rain, not just cats and dogs, but camels and elephants. The roads are impassable, the fields are knee deep in water, many houses are flooded or surrounded with water, and still it rains, rains, rains. When a cholera patient arrives out of misery like that, it's a bad case all right! For a while we thought that the whole of Fatehpur was arriving on our doorstep. They brought them in doolies, whole families at a time, two children and the father half dead, and all the womenfolk, mother, grandmother, cousins and aunts half-hysterical with fright. Beds had to be hauled around to take care of this avalanche, so the coolies who carried the doolies became quite familiar with our routine. They would drop the doolies, trot upstairs after the Sister to fetch the beds, take them to the cholera ward, then fetch the doolies and carry the limp bundles of rags onto the beds. The poor will always help the poor.

Believe me, we did plenty of hard work and worrying before those patients pulled out of it, and we used a frightening amount of our precious American blood plasma to turn the tide in many of them. It is true that the stuff is life saving, and it can only be used once, so we feel it has been well spent, but it scares us to see our small hoard go down and down, because we have hardly any hope of replacing it. One bottle of it is sold for 80 rupees in the bazaar! Well, the worst seems to be over now. We sent our last Fatehpur cholera family home this morning, the whole bunch of them waving and smiling, in rickshaws, their bundles at their feet. What a difference from the panic-stricken procession that walked in here less than a week ago!

On August 1, ten new nurses arrived, all English speaking, five from Travancore, and five Anglo-Indian. They are a fine group, and Sr. Cyril is delighted with them. They are having their preliminary training course, and are only on the wards an hour or two a day. But we managed to give them a thrill one day by inviting them into the O. R. while a major operation was in progress. Solemnly tying on their masks for the first time, they filed in and stood on stools and benches. None of them fainted, though several confessed they felt "funny." It seems hard to believe that in a year or two they will be scrubbed up and helping at operations themselves. Nothing like nursing training to make a girl grow up fast!

The other day Sr. Augustine announced at recreation that she had been invited to a wedding! When we wanted to know who the lucky bridegroom was, she solemnly as-



sured us that it wasn't her own wedding she was talking about. Anyway this is how it came about: One of her kitchen boys is a Christian, by the name of Paul. He isn't really a boy anymore, he must be close to forty; but to Sr. Augustine they are all her boys. From time to time she scolds them good and proper, but no one else can touch them! Paul's family lives in a small village near Bettiah. They have a tiny farm, but the income is not enough to keep them alive; so Paul, like thousands of other village men, has to work outside. They have been Christians for several generations, and his wife is fairly up-and-coming, at least when compared with the average Indian village woman. She even writes Paul a letter from time to time!

A week or two ago a chitti with great good news arrived: Paul has a son, at last. They have two half-grown daughters, but the only boy died several years ago. Naturally there was great rejoicing in the compound, and Paul spent half his week's pay on "jellabies" (sweet pastry fried in deep fat) for us. The rest of the nurses and servants were treated with more plebian kinds of sweets. Paul has a strong sense of rank and precedence! Sr. Augustine promptly dug up some baby clothes and woollies, fancy little sweaters from America that will make a tremendous splash in an Indian village. She even wrapped them up in cloth, sewed them in, addressed the package and had Paul take it down to the post office. Very soon a thank-you letter appeared inviting Sr. Augustine to the wedding! At first we thought it was the baby's wedding she was talking about, but a more careful scrutiny of the letter, in Hindi script, showed that Paul's eldest daughter, aged 14, is the chosen one. If it weren't so far away, I suppose St. Augustine would want to go. She takes a great interest in her "boys."

Sister M. Elise

HOLLAND

Medical Mission House
Imstenrade, Holland

Imstenrade is a busy place in summer, as you know, and this year is not an exception to the rule. But up till yesterday the house at least was rather quiet, with the Sisters for the missions making their farewell visits home and some more Sisters gone to help with the preparations for the journey.

But much more than that has been going on. There were several meetings: The Mia (Missie Guter Academiale), the Nurses' Convention at Brussels, the Social Study Days at Rolduc, all of which were very instructive and afforded us opportunities to talk and give people an idea of our work.

Then Imstenrade had its week of preparation for the missions with Father Sleyffer, S. J. giving lectures on missiology: What mission life is and what it requires.

At the moment the Bishop-elect of Ma-Kassar is paying us a visit. Msgr. Schneiders will give us Benediction tonight and a talk afterwards and will say our Community Mass tomorrow morning.

Sister M. Lidwina

MISSION INTENTION FOR NOVEMBER . . .

"That the rights of the workingman in Africa may be vindicated in accordance with Christian principles."

MISSION INTENTION FOR DECEMBER . . .

"Those Who Exercise Authority in Japan"

FATHER HUSS

Since the beginning of the Society, many missionaries — bishops, priests and Sisters have honored us with a visit. Nearly all of them spoke to the assembled community of their respective mission fields and problems. Unique among them was Father Bernard Huss, from the largest mission in the world — Mariannhill in Natal, South Africa. He visited the United States in 1930 with a Carnegie grant to learn new and better ways to carry out his numerous projects for the progress and the raising of social, economic and cultural standards of the Zulus, whose language he spoke perfectly and demonstrated to us—even to the "clicks." His slogan was: "Better homes, better fields, better men." The negro must have a decent family life; he must be well trained in agriculture and the improvement of morals must go hand in hand by basing the whole life on a true Christian basis. Father Huss told us that he overcame the prejudice to methods of growing things he advocated by, for instance, growing potatoes the Zulu way and the scientific way side by side. The results convinced the people that they should adopt Father Huss' way.

Father Huss instilled in his students the principle to live and work so as to leave the world a better place. He practiced what he preached. R. I. P.

R. I. P.

Archbishop Francis J. L. Beckman
Dubuque, Iowa
Rev. Bernard Gerl, O. C. D.
Holy Hills, Wis.
Mother Monica, R. S. C.M.
Tarrytown, N. Y.
Sister M. Shostak, S. O. S.
Halifax, N. S.
Sister M. Maurelian, S. S. N. D.
Baltimore, Md.
Mother M. Generosa, O. S. F.
St. Joseph's Hospital, Baltimore, Md.
Mrs. John Green
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(Mother of Sister M. Regina)
Mrs. Virginia Crawford
London, England
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Miss Berenice E. Reardon
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Renovo, Pa.
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MIDNIGHT MASS in the Chapel is traditionally offered for all those who help to spread the joy of faith and health in our medical Mission Centers. May the joy you help to bring to others intensify your own joy a hundredfold and more, is the wish and fervent prayer of all the Medical Mission Sisters this Christmastide.